

MEMORANDUM OF UNDERSTANDING

REQUEST FOR COMPRESSED WORK SCHEDULE

The following conditions govern participation in the volunteer compressed workweek schedule:

1. Annual and sick leave earned is based on the number of hours worked. When leave is taken, employees are charged for their normal workday (i.e. 8 or 10 hours).
2. Holiday leave is earned at the rate of 8 hours per holiday. When taken, it will be charged at the rate of 8 holiday leave hours and the remainder charged to accrued annual, personal or compensatory leave if the employee is scheduled for a 10-hour day.

In the event a holiday occurs on the employee's day off, the day will be accrued the same as a floating holiday.

3. The number of hours of personal leave granted participants shall be the same as non-participants, i.e. 48 hours annually (based on a 40-hour week).
4. All other leave (e.g. military, jury, interviewing, etc.) will be granted in accordance with established regulations.
5. Compensatory time/overtime payment practices are unaffected by a compressed work schedule.
6. Employees are encouraged to use their day off whenever possible to accommodate such things as routine doctor or dental appointments, personal business, etc.
7. An employee may discontinue use of the CWS option with adequate written notice to the supervisor and Division Director. Any employee abusing the privileges of this program will be returned to a 5-day week. All changes in scheduled CWS work hours must be in writing and approved by the employee's supervisor and Division Director.
8. If there is adverse impact on the Department, the program may be Terminated at any time.

I have read the above and have had the opportunity to ask questions, and consent to participate in the volunteer compressed workweek on pay period beginning:

Employee Signature

Date

REQUESTED COMPRESSED WORKWEEK SCHEDULE

PLEASE CIRCLE THE OPTION YOU ARE REQUESTING AND FILL IN REQUESTED INFORMATION

Option 1: 4 days per week at 10 hours per day biweekly

Work Hours: _____ to _____

Day off each week: _____

Option 2: Week 1 – 5 days per week for 8 hours per day

Work Hours: _____ to _____

Week 2 – 4 days per week at 10 hours per day

Work Hours: _____ to _____

Day off in this week: _____

Option 3: 4 days per week at 9 hours per day and
1 day per week at 4 hours per day

Work Hours: _____ to _____

Half day off each week: _____

Option 4: For options in 24/7 Facilities

Work Hours _____ to _____

Days per week _____

Employee's Signature **Date**
Employee's Printed Name _____

APPROVED: _____ **DISAPPROVED:** _____

Supervisor's Signature **Date**
Supervisor's Printed Name _____

APPROVED: _____ **DISAPPROVED:** _____

Division Director's Signature **Date**
Division Director's Printed Name _____

OHR – Administration Approval _____ **Date** _____